

**TEXARKANA WATER UTILITIES  
COMMERCIAL SERVICE APPLICATION**

BUSINESS NAME*		TAX ID #		REQUESTED START DATE*	
BUSINESS OWNER/PRESIDENT'S NAME*		SOCIAL SECURITY #*		DRIVER'S LICENSE #*	
TYPE OF BUSINESS*		APPLICANT'S NAME*			
SERVICE ADDRESS*		MULTIPLE UNITS? (IF <b>YES</b> , LIST ADDRESS RANGE) <input type="checkbox"/> YES <input type="checkbox"/> NO			
PROPERTY OWNER*		PROPERTY OWNER'S PHONE #*			
BUSINESS MAILING ADDRESS ( <input type="checkbox"/> SAME)		CITY		STATE	ZIP CODE
OFFICE PHONE #*		MOBILE PHONE #*		ENROLL IN BANK DRAFT <input type="checkbox"/> YES <input type="checkbox"/> NO IF <b>YES</b> , PLEASE FILL OUT THE ACH DEBIT FORM AND PROVIDE A VOIDED CHECK	
LOCAL CONTACT NAME		TITLE		CONTACT PHONE #	
EMAIL ADDRESS*					
PREVIOUS TWU SERVICE? (IF <b>YES</b> , LIST LOCATIONS) <input type="checkbox"/> YES <input type="checkbox"/> NO					
WATER WILL BE USED FOR* (CHECK ALL BOXES THAT APPLY, <b>**BACKFLOW PREVENTION ASSEMBLY MAY BE REQUIRED</b> )					
<input type="checkbox"/> CONSTRUCTION**		<input type="checkbox"/> DOMESTIC USES (RESTROOM/BREAK ROOM)		<input type="checkbox"/> FOOD SERVICE**	
<input type="checkbox"/> INDUSTRIAL/MANUFACTURING**		<input type="checkbox"/> IRRIGATION SYSTEM**		<input type="checkbox"/> MEDICAL/DENTAL**	
<input type="checkbox"/> VEHICLE/EQUIPMENT WASHING**		<input type="checkbox"/> STAND-BY FIRE PROTECTION**		<input type="checkbox"/> SALON**	
<input type="checkbox"/> OTHER (SPECIFY IN DETAIL):					

*\*REQUIRED INFORMATION*

**PLEASE NOTE:**

- ◆ ALL APPLICANTS FOR COMMERCIAL WATER SERVICE IN TEXARKANA, ARKANSAS AND TEXARKANA, TEXAS MUST APPLY FOR A CERTIFICATE OF OCCUPANCY AT EITHER TEXARKANA TEXAS CITY HALL OR TEXARKANA ARKANSAS CITY HALL IN ORDER TO OBTAIN TEMPORARY SERVICE.
- ◆ BY SIGNING THIS APPLICATION, YOU CERTIFY THAT THE ABOVE INFORMATION IS **TRUE AND CORRECT**. PROVIDING FALSE INFORMATION WILL RESULT IN DENIAL OF SERVICES.

**ELECTRONIC SIGNATURE NOTICE:**

**BY SIGNING THIS FORM ELECTRONICALLY, YOU AGREE YOUR ELECTRONIC SIGNATURE IS THE LEGAL EQUIVALENT OF YOUR MANUAL SIGNATURE.**

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE USE ONLY			
ACCOUNT #:	METER TYPE:	CLERK:	ENVIRONMENTAL SERVICES USE ONLY
	WATER		
	IRRIGATION		
C/O REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		30 DAY TEMPORARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	

CUSTOMER SERVICE USE ONLY			
ACCOUNT #	CUSTOMER #	START DATE	DEPOSIT DATE
CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE			